

## Christmas Is For Kids

Please **PRINT** - Fill in the required information in each section.

Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: *Only residents of **Seekonk** are eligible for this program.*

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Do you receive any of these benefits:**

<input type="checkbox"/>	Fuel Assistance
<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	WIC
<input type="checkbox"/>	Food Pantry
<input type="checkbox"/>	Mass Health

**Child's full name (first & last)**

**M/F**

**Age**

**D.O.B**

**School**


**Please let us know if there are specific circumstances of which we should be aware?**


**Parent Signature:** \_\_\_\_\_